

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/235,606	01/20/99	455	2744	

APPLICANT

WILLIAM DUVALL, SUDBURY, MA; ROD DEMILLE, SUDBURY, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 02/10/99

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

RINES AND SHAW  
81 NORTH STATE STREET  
CONCORD NH 03301

TITLE

METHODS OF AND SYSTEM FOR PORTABLE CELLULAR PHONE VOICE COMMUNICATION  
AND POSITIONAL LOCATION DATA COMMUNICATION USING THE CELLULAR PHONE  
NETWORK CONTROL CHANNEL

FILING FEE RECEIVED  \$419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

http://neo:8000/preexam/JavaProxy/jsp/bibdata/transform

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 44

SERIAL NUMBER 09/235,606	FILING DATE 01/20/1999  RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKE NO.
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## APPLICANTS

WILLIAM DUVALL, SUDBURY, MA;

ROD DEMILLE, SUDBURY, MA;

\*\* CONTINUING DATA \*\*\*\*\* *None . C. C .*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None . C. C .*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 02/10/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 13-18	INDEPENDENT CLAIMS 4-6
Verified and Acknowledged	Examiner's Signature <i>C. Chow</i> Initials <i>C.C.</i>				

## ADDRESS

RINES AND SHAW  
81 NORTH STATE STREET  
CONCORD, NH  
03301

## TITLE

METHODS OF AND SYSTEM FOR PORTABLE CELLULAR PHONE VOICE COMMUNICATION AND POSITIONAL LOCATION  
DATA COMMUNICATION USING THE CELLULAR PHONE NETWORK CONTROL CHANNEL

FILING FEE  RECEIVED 419	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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